WISCONSIN EPI EXPRESS
August 9, 2004

Wisconsin Department of Health & Family Services
Division of Public Health
Bureau of Communicable Diseases and Preparedness

"Surveillance is like picking your nose in public. When you find something you'd better know what you're going to do with it." The Anonymous Epidemiologist

The WISCONSIN EPI EXPRESS provides a regular update on communicable disease issues of importance in our state and is intended primarily for participants in the public health surveillance system. Please let us know if the topics covered are on target or if there are others that we should be addressing. Thank you. **Herb Bostrom: *bostrhh@dhfs.state.wi.us***

In This Issue:

1. NORTHERN WI AHEC OFFERS MEDICAL INTERPRETER TRAINING PROGRAM IN WAUSAU

"Bridging the Gap": 40 hours of Medical Interpreting Training - 2004

To all professional interpreters and highly proficient bilingual individuals interested in exploring the exciting and challenging field of interpreting

Dates:	Friday, August 13 through Sunday August 15, and Friday August 27 through Saturday August 28 Attendance at all workshops is required.
Time:	8:00 a.m. - 4:30 p.m.
Location:	The Plaza Hotel 201 North 17th Ave. Wausau, WI 715-845-4341
Cost:	$400 - includes lunch and materials. Some scholarships are available forrefugee language speakers who qualify. Register early - enrollment limited to 25.

Participant requirements: Participants must be at least 18 years old, a high school graduate and/or be working as an interpreter for health care, community, social service or educational employer.

This training is offered by Southern Wisconsin Interpreting & Translation Services (SWITS), LLC, in collaboration with the Northern Wisconsin Area Health Education Center (NAHEC).

For more information, call Saul Arteaga at (262) 740-2590. Mr. Arteaga is authorized to train "Bridging the Gap" for SWITS under a license agreement with the Cross-Cultural Health Care Program. Please note that interested participants need to contact Mr. Saul Arteaga directly, and let him know that you are interested in attending the Wausau program that is sponsored by NAHEC

If you know someone in your organization or community who might also benefit from it, please forward this email or make a copy of the flyer for them. To open the flyer for posting or faxing, please see the following link to it: http://www.nahec-wi.org/medintaug04.pdf

2. ACIP RELEASES 2004 GUIDELINES ON THE PREVENTION AND CONTROL OF INFLUENZA

The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has issued recommendations on the prevention and control of influenza for the 2004-2005 influenza season. This report updates the 2003 recommendations by the ACIP for the use of influenza vaccine and antiviral agents.

Epidemics of influenza usually occur during the winter months and are responsible for approximately 36,000 deaths per year in the United States. According to the ACIP, rates of infection are highest among children, but rates of serious illness and death are highest among persons 65 years and older and persons of any age who have medical conditions that place them at increased risk for complications from influenza. Influenza vaccination is the primary method for preventing influenza and its complications. The three primary target groups for annual vaccination are (1) persons who are at increased risk for influenza-related complications; (2) persons 50 to 64 years of age, because they have an elevated prevalence of chronic medical conditions; and (3) persons who live with or care for persons at high risk.

TABLE 1
Inactivated Influenza Vaccine* Dosage, By Age Group-United States, 2004-2005 Season

Age group	Dose	Number of doses	Route
Six to 35 months	0.25 mL	One or two	Intramuscular
Three to eight years	0.50 mL	One or two	Intramuscular
Nine years and older	0.50 mL	One	Intramuscular

The 2004 recommendations include new or updated information about the influenza vaccine in children six to 23 months of age; vaccination of health care workers with live, attenuated influenza vaccine (LAIV); personnel who may administer LAIV, the 2004-2005 trivalent vaccine virus strains (A/Fujian/411/2002 [H3N2]-like, A/New Caledonia/20/99 [H1N1]-like, and B/Shanghai/361/2002-like); and an assessment of the vaccine supply and timing of influenza vaccination.

The recommendations appear in the May 28, 2004 recommendations and reports series of Morbidity and Mortality Weekly Report, and are available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm

For more information, please contact Jerry Gabor at 608-266-8621 or gaborgw@dhfs.state.wi.us

3. INFECTION CONTROL GUIDELINES FOR AVIAN INFLUENZA

All patients who present to a health-care setting with fever and respiratory symptoms should be managed according to CDC recommendations for Respiratory Hygiene and Cough

(http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm) and questioned regarding their recent travel history.

1. Those patients that meet the above criteria for testing can be managed with droplet precautions unless the patient becomes hospitalized with x-ray confirmed pneumonia.

    - Reason: Since the Division of Public Health recommendations exceed those of the CDC by testing all persons that have returned from a country affected with type A (H5N1) influenza, we feel droplet precautions are sufficient for those patients seen in an outpatient or ambulatory setting.

2. However, a health care facility may chose to place patients that meet the above criteria that present to an outpatient or ambulatory setting in contact and airborne isolation at their discretion.
3. If a patient is hospitalized with x-ray confirmed pneumonia with no known etiology, the patient should be placed in contact and airborne isolation (similar to a suspect case of SARS).

Due to the imminent arrival of Hmong refugees from Thailand, we are requesting that this information be shared with all clinicians, including the attached "Enhanced Laboratory" requisition sheet from the Wisconsin State Laboratory of Hygiene. Please be aware that only specimens sent with this completed requisition form will be tested for avian influenza (i.e. PCR and virus isolation).

For laboratory questions including questions on specimen collection kits, please call Carol Kirk at 608-262-1021.

For other information or clarification, please call Tom Haupt at the Wisconsin Division of Public Health at 608-266-5326 or hauptte@dhfs.state.wi.us .

4. SEXUAL TRANSMISSION OF HEPATITIS C VIRUS INFECTION

Although rates of HCV infection as high as 27% have been reported in sexual partners of anti-HCV-positive persons, the risk of sexual transmission of HCV within heterosexual monogamous couples is extremely low or even null according to a recent methodologically sound study. While three HCV infections in 895 partners were observed during 10 years of follow-up, genotyping and sequence analysis of the HCV genome excluded the possibility of intraspousal transmission of HCV. The authors concluded that "no general recommendations for condom use seem required for individuals in monogamous partnerships with HCV infected partners" (Vandelli 2004). Previous studies that found higher rates of HCV transmission between partners probably used methodologies that overestimated the proportion of HCV infection associated with sexual contact.

However, it should be noted that all the couples denied practicing anal intercourse, sex during menstruation or condom use and did not have observable genital lesions or co-infection with HIV. The couples were also strongly advised against sharing personal items such as toothbrushes, razors and nail clippers.

The Centers for Disease Control (CDC) and Prevention's recommendations for the prevention of HCV transmission between sexual partners are that:

- HCV positive persons with one long-term steady sex partner do not need to change their sexual practices. If HCV positive persons "want to lower the limited chance of spreading HCV to their partner, they might decide to use barrier precautions (e.g., latex condoms)." Couples whose sexual practices and health status are similar to those of the couple subjects in the Vandelli study may comfortably decide against the use of condoms.
- HCV-positive persons with multiple or short-term sexual partners should use barrier methods (condoms) (CDC 1998).

Additional common-sense recommendations include:

- The use of barrier methods if other STDs are present, if having sex during menses, or if engaging in sexual practices that might traumatize the genital mucosa: and
- Not sharing personal items that may be contaminated by blood such as razors, toothbrushes and nail-grooming equipment (Terrault 2000).

In summary, sexual transmission of HCV occurs but efficiency is low, and the factors that facilitate transmission, (e.g., viral titer) are not yet understood. Sexual transmission of HCV infection accounts for 15-20% of acute and chronic infections in the US because sex is a common behavior and a large chronic reservoir provides multiple opportunities for exposure to potentially infectious partners.

Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic liver disease. MMWR 1998;47(No. RR-19):

Terrault NA. Sexual activity as a risk factor for hepatitis C infection. HCV Advocate 2000;May:30-33.

Vandelli C, Renzo F, Romano L, et al. Lack of evidence of sexual transmission of hepatitis C among monogamous couples: Results of a 10-year prospective follow-up study. American Journal of Gastroenterology. 2004;99(5):855-9.

For more information, please contact Marjie Hurie at 608-266-5819 or **huriemb@dhfs.state.wi.us**

5. ANNOUNCING BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM MAPS

Starting July 28th, "BRFSS Maps" are available on the Behavioral Risk Factor Surveillance System (BRFSS) website. This is an exciting and interactive mapping application that graphically displays the prevalence of behavioral risk factors at the state and metropolitan/micropolitan statistical area (MMSA) level. Using GIS mapping technology and BRFSS data, the new web site allows users to visually compare prevalence data for states, territories, and local areas.

Beginning with the 2002 BRFSS data, visitors to the BRFSS Web site will be able to create, save, and print state and MMSA level maps detailing a variety of health-related risk factors. State and MMSA data layers can be displayed independently or in combination, to identify regional patterns. This tool will play a vital role in the dissemination of data for policymakers and state and local public health officials.

Please visit the website at http://apps.nccd.cdc.gov/gisbrfss for maps of state and local area behavioral risk factor data!

Telephone Reporting of Unusual Disease Occurrences

Occurrences of diseases that are uncommon or atypical in Wisconsin, and outbreaks or clusters of disease which are identified, should be reported by phone as soon as possible, to (608) 258-0099. Reports may be made to this number on a 24/7 basis, but please do not use it for normal and routine disease reporting

To be added to or removed from the distribution list contact:

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